 **FORMAL REVIEW OF A PLACEMENT TOOL**

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| --- | --- |
| **Student Name:** | Click or tap here to enter text. |
| **Lead Practice Educator Name:** | Click or tap here to enter text. |
| **Location of Placement:** | Click or tap here to enter text. |
| **Placement Start Date:** | Click or tap to enter a date. |
| **Placement Finish Date:** | Click or tap to enter a date. |
| **Number of Weeks Completed:** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| **Record of Attendance:** | | | | |
| **Date of absence** | | **Date of return to placement** | | **Duration of absence (days)** |
| Click or tap to enter a date. | | Click or tap to enter a date. | |  |
| Click or tap to enter a date. | | Click or tap to enter a date. | |  |
| Click or tap to enter a date. | | Click or tap to enter a date. | |  |
| Click or tap to enter a date. | | Click or tap to enter a date. | |  |
|  | | **Total number of days absence\*=** Click or tap here to enter text. | | |
| **Identity check:** | | | | |
| “I confirm that the student has had their identity checked at the start of this placement.”  Please check one box as applicable  Matriculation card  Photo driving licence  Other official photo ID  Please specify Click or tap here to enter text. | | | | |
| **Signature** |  | | **Date** | Click or tap to enter a date. |
| **Print name** | Click or tap here to enter text. | | | |

Please use the key below to code the student’s level of competency for each of the competencies listed in the table. Please justify these fully so that further action can be taken, where appropriate.

The review should be facilitated by the Lead Practice Educator and in collaboration with the learner.

By signing the declaration at the end of this form, both parties are in agreement that this review is an accurate record of the student’s achievements.

Codes:

For each competency the student has demonstrated that they have:

**M = Met expectations of competency**

**F = As yet, failed to meet competency**

| **Domain** | **Competency demonstrated** | **Code** | **Justification** | **Action Plan** |
| --- | --- | --- | --- | --- |
| **Health care professionalism** | 1. Consistent professional behaviour within legal and ethical boundaries of their profession (HCPC code of conduct) | Choose an item. | **Student**  Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | **Educator**  Click or tap here to enter text. | Click or tap here to enter text. |
| **Communication** | 1. Effective and appropriate communication skills with individuals and groups | Choose an item. | **Student**  Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | **Educator**  Click or tap here to enter text. | Click or tap here to enter text. |

**Placement A review**

**Please use this space to document, if appropriate, any additional areas which need to be developed (in the remainder of the placement or upon return to University)**

Click or tap here to enter text.

**By signing this paperwork, both parties are in agreement that this review is an accurate record of the student’s achievements.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature |  | Date | Click or tap to enter a date. |
| PRINT | Click or tap here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Lead Practice Educator Signature |  | Date | Click or tap to enter a date. |
| PRINT | Click or tap here to enter text. | | |